

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Div. Of Mental Health And Mental Retardation Mental Retardation Section 47 Trinity Ave. S.W. Room 307-H Atlanta, Ga. 30334	ARCHIVES AND HISTORY
Application Date 8/2/82		Application Number 76-274-A
Application Number 82-30		Date Received AUG 18 1982
		Date Completed SEP 16 1982

2. Person to Contact Jeanne Terhume	Working Title Secretary	Telephone Number 656-6370
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3. Action Requested

a. ☐ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☒ Amend Application No. 76-274 Check One: ☒ Change; ☐ Supersede; ☐ Void

Update Inclusive Materials List
Change Retention Instructions

4. Dates of Series Earliest Latest	5. Records Series Title (followed by title used in office, if different) Mental Retardation Day Service Center Program Monitoring Files
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6. Division and Office Function
What is the function of the Division and the Office in which this record series is created?

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.

Documents relating to: reviewing and monitoring all programmatic aspects of MR Day Service Centers statewide to insure compliance with State and Federal minimum standards.

Included are: proposals in narrative format describing the need for the program, costs and recommended services to be performed, monitoring and program evaluation reports as required by Federal and State regulations to record adherence to guidelines, standard monthly statistical reports, copies of contracts and addenda thereto, Technical Assistance/Corrective Action Plan, Building and Fire Inspection Reports, Form 3806-Food Service Permit, Form 3808-Food Service Inspection Report, Form 3833(R.4/77)-Institutional Health Evaluation Report, related documents and correspondence.

The file is arranged : Alphabetically by Day Service Center

8. Monthly Reference Rate How often are records referred to which are:

One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?

9. Annual Rate of Accumulation or Records

Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each: _____ then,

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____

☒ Hold in the current files area _____ month(s) _____ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold _____ year(s); then

☐ Destroy

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

<p>Record Copy</p> <p>Maintained by State Mental Retardation Section (Central Office)</p> <p>Cut off file at the end of each fiscal year, hold in current files area 1 year, transfer to State Records Center, hold 4 years, then destroy.</p> <p>These instructions apply to all prior and future accumulations of the series.</p>	<p>Reference Copy</p> <p>Maintained in each County and Area Day Service Center</p> <p>Cut off file at the end of each fiscal year, hold in current files area 2 years, then destroy.</p>
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Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Ralph A. McLean	7/26/82	Paul T. Murphy Jr.	8/2/82
State Records Committee (Signature)			
State Auditor/Designee	Edward Weldon		8-782
Secretary of State/Designee			8/26/82
Attorney General/Designee			8-13-82

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date June 11, 1976	1. Agency Address Department of Human Resources Division of Mental Health & Mental Retard. Mental Retardation Section 47 Trinity Avenue, Rm. 542-H Atlanta, Ga. 30334	Application Number 76-274	Date Received JUL 16 1976
Application Number DHR-58		Date Completed AUG 10 1976	
2. Person to Contact Budd Hughes		Working Title Assistant Division Director	
		Telephone Number 656-6370	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1973	Latest Present	5. Records Series Title (followed by title used in office, if different) Mental Retardation Training Center Program Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Mental Health and Mental Retardation administers the mental health, mental retardation and other developmental disabilities, drug abuse, alcoholism, and training and research programs. This Division is also concerned with community mental health, and the administration of the State mental hospitals, rehabilitation and retardation centers. The Mental Retardation Section is one of the programmatic sections of the Division of Mental Health and Mental Retardation. The Mental Retardation Section offers specialized services (primarily focusing on the mentally retarded within the I Q range of 0-55) administered through a comprehensive system of institutional and community service programs. The specialized services are provided through the following major programs; 1) Day Training and Work Activity Center Programs, 2) Group Homes, 3) Institutional Services, 4) Family Care Homes and 5) Foster Grandparent Programs.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: receiving and reviewing proposals for the establishment and administration of Mental Retardation Center Training Programs. Included but not limited to are: proposals in narrative format describing the need for the program, costs and recommended services to be performed, monitoring and program evaluation reports as required by Federal and State regulations to record adherence to guidelines, standard monthly statistical reports, copies of contracts and addenda thereto, and similar and related supporting documents. File is arranged: alphabetically by county, thereunder alphabetically by name of program.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>10</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>2</u> ; twenty-five months and older <u>1</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>3</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? <i>Record copy of contract covered under standard 75-267</i>
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy. <i>Certain information found in Department Annual Report.</i>
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <i>Certain information found in monthly, yearly summary reports.</i>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <i>Mental Health Training Center.</i>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | <u>3</u> years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Based on previous reference experience a 5 year retention period is needed.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date									
<i>E. Budd/Hughes</i>	<i>7/7/76</i>	<i>William J. McDowell</i>	<i>6-14-76</i>									
<div style="display: flex; justify-content: space-between;"> <div> <p>Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)</p> </div> <div> <p>State Records Committee (Signature)</p> <p>Date</p> </div> </div> <table border="1" style="width: 100%;"> <tbody> <tr> <td>State Auditor/Designee</td> <td><i>[Signature]</i></td> <td><i>8-6-76</i></td> </tr> <tr> <td>Secretary of State/Designee</td> <td><i>Carroll Hart</i></td> <td><i>8-4-76</i></td> </tr> <tr> <td>Attorney General/Designee</td> <td><i>[Signature]</i></td> <td><i>8-9-76</i></td> </tr> </tbody> </table>				State Auditor/Designee	<i>[Signature]</i>	<i>8-6-76</i>	Secretary of State/Designee	<i>Carroll Hart</i>	<i>8-4-76</i>	Attorney General/Designee	<i>[Signature]</i>	<i>8-9-76</i>
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